

General Volume
Management Section

Participant Referrals (1.01800)

ER# 1.01800

Authority 2008 7CFR 246.7 (a) & (b)(1-3); Missouri Senate Bill 1122, sections 324.200 to 324.225, WIC Local Agency Nutrition Services Contract Scope of Work

Issued 1/81

Revised 4/13

POLICY: At each certification and recertification visit, the local WIC Provider (LWP) shall provide to all applicants and participants or their designated proxies information on other health-related and public assistance programs and when appropriate, shall refer applicants and participants to such programs. The LWP should follow-up with participants at recertification on referrals made during the last certification period.

The LWP shall provide a current list of local resources for drug and other harmful substance abuse counseling and treatment to all pregnant, postpartum, and breastfeeding women and to parents or caretakers of infants and children applying for or participating in the program.

The LWP shall provide written information or brochures about the [MO HealthNet](#) (formerly Medicaid) program and the Newborn Screening program.

The LWP shall review a documented immunization record to determine the status of each infant and child and refer to Immunizations as needed. All WIC Staff shall complete an ASAP form for access to the ShowMeVax registry. Non-local health department will need to initiate a Memorandum of Agreement (MOA) with immunization providers and attach to Local Agency Plan (LAP).

The LWP shall maintain and provide a list of free Registered Dietitian (RD) services in their service area to refer participants to for provision of medical nutrition therapy, or document if such is not available.

Upon enrollment of a child into the WIC program, the parent or caretaker must be asked if the child has had a blood lead-screening test as determined appropriate for age and risk factors. If the child has not had a test, they must be referred to program(s) where they can receive a lead-screening.

Nondiscrimination statement is required for all participant referral materials.

The LWP shall develop written agreements with health care providers and health care organizations in their service area for referral acceptance and service provision.

The LWP shall document in MOWINS referrals made.

PROCEDURES:

A. Maintain and make available a current list of state and local resources for:

1. Drug and substance abuse treatment programs.

a. Drug and substance abuse resources are available from the Missouri Department

of Health and Senior Services (DHSS) warehouse.

2. Other DHSS programs and/or community resources.
 - a. Medical services
 - b. Dental health services
 - c. Special Health Care Needs
 - d. Newborn Screening Program
 - e. Homeless and abuse shelter(s)
 3. Other health services offered at the LWP.
 - a. Immunizations
 - b. Lead screening
 - c. Family planning
 4. Other sources of food assistance.
 - a. Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps)
 - b. Area food pantries
 5. Free Registered Dietitian (RD) services to refer participants to for medical nutrition therapy.
 - a. If free RD services are not available in the area/community, document this fact, review and update quarterly, and retain on file at the LWP.
 6. Provide written information about the [MO HealthNet](#).
 - a. The LWP shall refer to [MO HealthNet](#) all WIC program applicants who are not currently participating but appear below the maximum income limits provided by the state WIC office.
 - i. Including the referral of infants and children for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services.
 - ii. And, the referral of pregnant women to determine presumptive eligibility for the MO HealthNet.
 7. The LWP can refer the same organization to the same participant at the initial certification and also at the subsequent recertification if warranted.
- B. **Local agencies shall, at a minimum, assess all WIC-eligible infants and children for immunization status at certification and recertification visits.** At each certification and recertification visit the **local WIC provider shall** review the documented immunization record of each infant and child. The immunization schedule can be found at the [DHSS web site](#).
1. **The agency shall not refuse WIC services to any infant or child who does not have an immunization record.**
 2. **Screening of immunization records shall** be done by the health professional or the clerical staff.

3. An immunization screening shall consist of the following:
 - a. Reviewing the record in the (ShowMeVax) immunization database. If there is no immunization record in ShowMeVax or if the participant has immunization records that are not entered into ShowMeVax, submit the participants record to the immunization nurse or fax record to the Bureau of Immunization Assessment and Assurance (FAX: 573-526-0238) for entry into ShowMeVax.
 - b. Reviewing an infant's/child's paper immunization record from the health care provider.
 - c. LWP shall start screening for immunization in infants starting at 2 months of age. Provide education and referral information beginning at birth.

Note: A documented immunization record is a record (computerized or paper) in which actual vaccination dates are recorded. This includes a parent's hand-held immunization record (from the health care provider), an immunization registry, an automated data system, or a client's chart (paper copy). Screening for immunization status using documented immunization records allows WIC to conduct more accurate immunization screening for referral.
4. When an infant or child is not adequately immunized, the agency shall:
 - a. Provide brochure/flyer with information on the recommended immunization schedule appropriate to the current age of the infant/child.
 - b. Provide referral for immunization services, ideally to the child's usual source of medical care. If the referral is not to the usual source of medical care it should be specific and should include address, phone number and hours of operation of health care provider.
 - c. The LWP may offer immunizations on-site, if available.
5. The agency must document the immunization status using only these two options in MOWINS.
 - a. up to date
 - b. not up to date

Note: Some infants may have received Hepatitis B soon after birth. If so, indicate as up to date in MOWINS. If a signed Medical Immunization Exemption form or Parent/Guardian Immunization Exemption form is presented, scan the document in MOWINS and document as not up to date.
6. When the participant record is not up to date the participant will be encouraged to bring the record during the next appointment through the regular reminder process the LWP uses for other WIC appointments.
7. Appropriate information regarding specific childhood preventable diseases, the benefits of immunization and the CDC's recommended schedules for vaccinations for infants and children shall be provided to each parent, guardian, or authorized person of a WIC participant, by WIC and/or the Immunization staff according to the established policy at the local agency.

8. WIC allowable cost for immunization screening and referral services:
 - a. Personnel costs for screening and referrals may be charged to WIC. This can include personnel time for making appointments. Personnel costs for providing immunization shall not be charged to WIC.
 - b. Immunization supply costs shall not be charged to WIC.
9. The LWP shall provide all new staff with the immunization training **within 60 days** of the date of hire or rehire. The LWP must also train all staff **annually** using the state provided training materials. Refer to [ER# 1.01550](#) for LWP training documentation requirements.
- C. Upon enrollment of a child into the WIC program, the parent or caretaker must be asked if the child has had a blood lead-screening test as determined appropriate for age and risk factors.
 1. The health professional or the clerical staff may do a verbal assessment of blood lead test.
 - a. If the child has not had a test and determined appropriate for one, they must be referred to program(s) where they can obtain such a test.
 - b. An elevated blood lead level of greater than or equal to 10 mcg/dl is an allowable nutrition risk factor 211. Referral data must be documented for the assignment of the 211 risk factor. Scan the referral data document or document in general notes in MOWINS. Refer to [ER# 2.04400](#).
 - c. WIC allowable cost for lead screening and referral services:
 - i. Allowable personnel time include staff time to develop an appropriate care plan (general note) for children identified as having an elevated blood lead level, provide nutrition education, and make health care referrals.
 - ii. If blood is drawn and tested for WIC eligibility and lead screening at the same time, WIC and the lead-screening program must each pay its fair share of the total cost.
 - iii. WIC's share of the total cost will not exceed the amount it would pay if it conducted the hematological test for anemia for WIC eligibility separately.
- D. Written agreements shall be developed with health care providers and health care organizations in the LWP's service area for referral services. The agreement can be with the administrative agency, not just the WIC Program. However, if it is not feasible to develop written agreement with each health care provider/organization in the service area, the LWP must have a written protocol describing how the LWP has contacted the providers to ensure the LWPs can refer WIC participants to them.
- E. Document all referrals made in general notes in MOWINS.